

Vehicle Accessibility Modifications Protocol Checklist

Service Recipient's Name _____ Date of Birth _____
(Last, First)

Reviewer's Name _____ Date Request Submitted _____
(Last, First)

Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If YES, continue to Question #1.</p> <p>If NO and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1.</p> <p>If NO based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
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A. Criteria for Vehicle Accessibility Modifications

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the requested modification one of the following specific exclusions in the waiver service definition: (A. 1.)</p> <p>a. Replacement of tires or brakes, oil changes; OR (A. 1. a.)</p> <p>b. Other vehicle maintenance or repair? (A. 1. b.)</p> <p>If YES, stop and deny as a <u>non-covered service</u> based on the waiver service definition.</p> <p><i>In addition</i>, deny as a <u>non-covered service</u> any portion of the requested amount of Vehicle Accessibility Modifications which <i>exceeds</i> the waiver service limit of \$20,000 per service recipient per five (5)-program year period.</p> <p>If NO, proceed to Question #2.</p>
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is there documentation that the vehicle to be modified is owned by the service recipient?</p> <p><i>(NOTE: Documentation means an official bill of sale showing the vehicle was sold to the service recipient OR a motor vehicle title in the service recipient's name. Joint bill of sale and joint titles are <u>not</u> acceptable.)</i> (A. 2.)</p> <p>If YES, skip to Question #4.</p> <p>If NO, proceed to Question #3.</p>

<p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is there documentation that the vehicle to be modified is owned by either the conservator or guardian?</p> <p><i>NOTE: Documentation means an official bill of sale showing the vehicle was sold to the conservator or guardian OR a motor vehicle title in the guardian or conservator's name. A joint bill of sale or title is acceptable only if it involves the conservator or guardian and the spouse of the guardian or conservator.) (A. 3.)</i></p> <p>If YES, proceed to Question #4.</p> <p>If NO, stop and deny as a <u>non-covered service</u> based on the waiver service definition.</p> <p><i>In addition, deny as a <u>non-covered service</u> any portion of the requested amount of Vehicle Accessibility Modifications which exceeds the waiver service limit of \$20,000 per service recipient per five (5)-program year period.</i></p>
<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions: (A. 4.)</p> <p>Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has functional limitations in ambulation and mobility for which the service recipient needs physical modifications to a vehicle in order to increase the service recipient's accessibility for getting in and out of the vehicle or to ensure the transport of the service recipient in a safe manner; AND (A. 4. a.)</p> <p>Is there sufficient information in the ISP and/or supporting documentation to show that the proposed modification to the vehicle will be of direct medical or remedial benefit to the service recipient and does not include items or modifications that would be of general utility, AND (A. 4. b.)</p> <p>Is the Vehicle Accessibility Modification the least costly alternative that is adequate to meet the needs of the service recipient? (A. 4. c.)</p> <p>If YES to all three criteria specified in "4.a" through "4.c" above, stop and <u>approve</u> the vehicle modification (subject to the waiver service limit of \$20,000 per five (5)-program year period).</p> <p><u>Deny</u> as a <u>non-covered service</u> any portion of the requested amount of Vehicle Accessibility Modifications which exceeds the waiver service limit of \$20,000 per service recipient per five (5)-program year period.</p> <p>If NO to any criterion specified in "4.a" through "4.c" above, stop and deny as <u>not medically necessary</u>.</p> <p><i>In addition, deny as a <u>non-covered service</u> any portion of the requested amount of Vehicle Accessibility Modifications which exceeds the waiver service limit of \$20,000 per service recipient per five (5)-program year period.</i></p>
<p><input type="checkbox"/> Approved</p>	
<p><input type="checkbox"/> Denied</p>	